WILLIAM McSorley

Attorney at Law
1441 Main Street, Suite 1600
Columbia, South Carolina 29201
Phone (803) 779-4206
Fax (888) 772-1488

July 1, 2009

Public Service Commission Docketing Department Post office Drawer 11649 Columbia, SC 29211

Re: Application for Class C Charter Certificate by Tempus-Ago Transportation, Inc.

Dear Sir or Madam:

Enclosed please find the application of my client, Tempus-Ago Transportation, Inc., for a Class C Charter Certificate.

If you have any questions or need additional information, please do not hesitate to contact me at (803) 779-4206. Many thanks for your assistance in connection with this matter.

Sincerely,

William McSorley

WMcS/lhv

| STATE OF SOUTH CAROLINA) | (FORM 1) | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo | BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA | | | | |
| Application for a Class C Charter Certificate from Tempus-Ago Transportation) | TRANSPORTATION COVER SHEET | | | | |
| Inc. | DOCKET NUMBER: <u>2009</u> - <u>281</u> - <u>T</u> | | | | |
| | If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. | | | | |
| (Please type or print) Submitted by: Joel D. Leonard | Telephone: (803) 787-1734 | | | | |
| Address: 3710 Landmark Drive, Suite 204 | | | | | |
| Columbia, SC 29204 | Other: Email: leonard.joel@bellsouth.net | | | | |
| NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTIO | Commission of South Carolina for the purpose of docketing and must | | | | |
| Application – Class C Taxi | Request to Amend Scope of Authority | | | | |
| Application – Class C Charter | Request to Amend Tariff (rate increase, etc.) | | | | |
| Application – Class C Charter Bus | Request to Amend Passenger Limit | | | | |
| Application - Class C Charter Bus Application - Class C Non-Emerging B CETT VET Application - Class C Non-Emerging B CETT VET Application - Class C Household Goods 11 (1) 2009 | Request | | | | |
| Application - Class E Household Goods (Car | Exhibit | | | | |
| Application – Class E Hazardous Waste PSC SC DOCKETING DEPT. | Late-Filed Exhibit | | | | |
| Application | Letter | | | | |
| Request for Extension to Comply with Order | Proposed Order | | | | |
| Request for Order Granting Authority to Obtain Certificate Public Convenience and Necessity to Be Rescinded | e of Publisher's Affidavit | | | | |
| Request for Cancellation of Certificate | Reservation Letter | | | | |
| Request for Suspension | Response | | | | |
| Request for Reinstatement | Return to Petition | | | | |
| Request for Name Change on Certificate | Other: | | | | |
| If you have any questions about this form, please contact | the PUBLIC SERVICE COMMISSION at 803-896-5100. | | | | |

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department 101 Executive Center Drive Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100

Fax # (803)-896-5199

CLASS C - CHARTER

DATE June 23, , 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

| Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tempus - Ago Transportation, Inc. |
| (a) Street Address of Applicant 3710 Landmark Drive, Suite 204 |
| Columbia, SC 29204 |
| (b) Mailing address, if different from street address |
| |
| (c) Telephone Number (803) 787-/734 Fed ID # |
| If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation Certificate.) ATTACHED |
| (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient. |
| |

- 5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
- 6. The proposed list of equipment is as per Exhibit "D" included herewith.

| 7. Applicant is financially able to furnish the services as special following statement of assets and liabilities. BALANCE SHEET | ecifie | ed in | this | Ap | plic | atio | n an | d subi | mits t | he |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|----------------------|-----------------------|--------------------|---------------|--------------|------------------------|--------------------|---------------------------------------|
| BALANCE SHEET | Bal Mo | lance onth: | e at T | ime | Ар <i>V 6</i> | plic | atior Ye | is Fil ar: <i>2</i> | led: <i>009</i> | , 4 |
| Assets: -O- AT THIS TIME, BUT ASSETS AVAILABLE | | | | | | | - | | | |
| Cash | | | | | | | | | | |
| Receivables | | | | | | | | | | |
| Real Estate | - | | | | | | | | | |
| Buildings and Equipment-Net | | | | | | | | | | |
| Motor Vehicles-Net | | | | | | | | | | |
| Garage Equipment-Net | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Machinery and Tools-Net | | | | | | | | | | |
| Supplies on Hand | | | | | | | | | | |
| Prepaids and Other Assets | | | | | - | | | | | |
| Total Assets | | | | | | | | | | |
| Liabilities and Equity: Accounts Payable | | | | | | | | | | |
| Notes Payable | | | | | | | | | | |
| Mortgages Payable | <u> </u> | | | | | | | | | |
| Equipment Obligations | - | | | | | | | | | |
| Accrued Salaries and Wages | | | | | | | | | | |
| Other Accrued Obligations | | | | | | | | | | |
| Other Liabilities | | | | | | | | | | |
| Total Liabilities | | | | | | | | | | |
| Capital Stock | | | | | | | | | | |
| Retained Earnings | | | | | | | | | | |
| Total Equity | | | | | | | | | | |
| Total Liabilities and Equity | | | | | | | | | | |
| | . | | | | | | | | | |
| 8. Applicant is familiar with the provision of S.C. Code Ann thereto, and R.103-100 through R.103-241 of the Commission's F. S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Depa Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendmen therewith. | Rules artme | and ent o ereto | Reg f Pu o, an | gulat blic d he | tion Saf reb | ety' y pro | r Mo s Ru | otor C | arrier | s (Vol.26, gulations fo |
| I. Joel D. Leonard Pres | sidi | ent | L | | | | | | | |
| I, Joel D. Leonard Pres (Name of Applicant's Representative) | | • | | • | | | | | | _ |
| of <u>Tempus-Ago Transportation</u> , Inc. , the Ap (Applicant) | plica | ant f | for t | he (| Cert | tific | ate (| of Pu | blic | |
| Public Convenience and Necessity as set forth in the foregoi contained in the above Application are true and correct. SWORN TO BEFORE ME | | | | | | | | | | ts |
| At Columbia, SC This the 23rd day of JUNE, 2009 | | | | | | | | | | |
| This the 23rd day of JUNE, 2009 | | _ | , |) | | | 1 | γ | | |
| (Notary Public For SC (Signatur | W! | <u>()</u> . | 8 | m | | | + | / — | | |
| 04.5/44 | re of | Appl | icant | 's R | epre | esent | ative | :) | | |
| Commission Expires: $6/15/14$ | | | | | | | 1 | | | |

STATE OF SOUTH CAROLINA AS TAKEN FROM AND COMPARED WITH THE SECRETARY OF STATE ORIGINAL ON FILE IN THIS OFFICE

ARTICLES OF INCORPORATION FOR A

MAY 2 2 2009

STATUTORY CLOSE CORPORATION

ECRETARY OF STATE OF SOUTH CAROLING

| ne name or the propo | sed corporation is | Tempus-Ago Transpor | tation, Inc. |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------|------------------|
| his corporation is a st | atutory close corporation, pur ode of Laws, as amended. | | |
| he initial registered of | fice of the corporation is | 3710 Landmark Dri | ve, Suite 204 |
| Columbia, | Richland, | Street Address South Carolina, | 29204 |
| City | County | State | Zip Code |
| nd the initial registere | d agent at such address is | Joel D. Le | eonard |
| hereby consent to the | appointment as registered a | gent of the corporation_ | Agent's Signati |
| The corporation is auth applicable: | norized to issue shares of sto | ck as follows. Complete | e "a" or "b", wh |
| The corporation authorized is_ | n is authorized to issue a sing | le class of shares, the t 100,000 | total number of |
| . The corporation | n is authorized to issue more | that one class of shares | :: |
| Class | of Shares Au | thorized No. of Each Cla | ass |
| , | | | |
| | | | |
| f shares are divided in a class, the relative rig series within a class, a | nto two or more classes or if a ghts, preferences, and limitat re as follows: | iny class of shares is ditions of the shares of ea | vided into serie |

090522-0059 FILED: 05/22/2009
TEMPUS-AGO TRANSPORTATION, INC
Filing Fee: \$135.00 ORIG

Mark Hammond

33-18-110 through 33-18-130.

South Carolina Secretary of State

| | | | Tempus-Ago Transportation, Inc. |
|-----|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| | | | Name of Corporation |
| 7. | Unic Sec | ess otherwise specified below the corporation shall tions 33-18-210 of the 1976 South Carolina Code | have a board of directors (See of Laws, as amended). |
| | ✓ | This corporation elects not to have a board of dire | ectors. |
| 8. | Che | eck, if applicable. | |
| | | This corporation elects to have the provisions of S the 1976 South Carolina Code of Laws, as ame shareholder the right to compel the corporation shares, apply. | nded, which give the estate of a deceased to purchase the deceased shareholder's |
| | | Specify any variations in the statutory format in S | ections 33-18-140 through 33-18-170. |
| | | | |
| | follows | ional provisions, which the corporation elects to inc (See the applicable provisions of Sections 33-2-1 3 South Carolina Code of Laws, as amended). | clude in the articles of incorporation, are as 02, 33-18-330, 35-2-105, and 35-2-221 of |
| | | | |
| 10. | The | name, address and signature of each incorporator | is as follows (only one is required): |
| | a. | Joel D. Leonard | _ |
| | | Name | |
| | | 115 Hampton Crest Trail, Columbia, SC 29209 | - |
| | | Address Address | |
| | , | Signature | - |
| | . (| | |
| | b. \ | Name | - |
| | | | _ |
| | | Address | |
| | | Signature | - |
| | C. | | _ |
| | | Name | |

11. I, <u>William McSorley</u>, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Address

Signature

FILING INSTRUCTIONS

- Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- Enclose the fee of \$135.00 payable to the Secretary of State.
- 4. THIS FORM MUST BE ACCOMPANIED BY THE ANNUAL REPORT (SEE SECTION 12-19-20 OF THE 1976 SOUTH CAROLINA CODE OF LAWS, AS AMENDED)

Return to: Secretary of State P.O. Box 11350 Columbia, SC 29211

SPECIAL NOTE

ALL SHARE CERTIFICATES ISSUED BY A STATUTORY CLOSE CORPORATION MUST CONTAIN THE FOLLOWING CONSPICUOUS NOTICE:

THE RIGHTS OF SHAREHOLDERS IN A STATUTORY CLOSE CORPORATION MAY DIFFER MATERIALLY FROM THE RIGHTS OF SHAREHOLDERS IN OTHER CORPORATIONS. COPIES OF THE ARTICLES OF INCORPORATION AND BYLAWS, SHAREHOLDERS' AGREEMENTS AND OTHER DOCUMENTS, ANY OF WHICH MAY RESTRICT TRANSFERS AND AFFECT VOTING AND OTHER RIGHTS, MAY BE OBTAINED BY A SHAREHOLDER ON WRITTEN REQUEST TO THE CORPORATION.

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

| Applicant Tempus-Ago | Transportation, Inc. |
|-----------------------------------------|------------------------------------|
| For the transportation of passengers as | follows: |
| Area to be served: Statevide | |
| Number of passengers: 7 | |
| Fares: Hourly rate, not to e | xceed \$100.00 per hour |
| | |
| | |
| Date 6/23/09 | Tempus-Ago Transportation, Inc. By |
| | Joe D. Leonard Title President |
| Rev.10/03 | |

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

| MODEL & YEAR MAKE VIN # | WEIGH EMPTY | |
|-------------------------------|-------------------------------------|----------------|
| NOT PURCHASED YET | | |
| | | |
| | | |
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| | | |
| , | | |
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| | | |
| | | |
| | | |
| | | |
| * Seats if passenger carrier. | | |
| | Tempus - Ago Transpo (Applicant) | ortation, Inc. |
| Date: 6/23/09 | Applicant's Representative | \mathcal{L} |
| | Joel D. Leonard, Presi | dent |

INSURANCE QUOTE

| The following insurance quote is for: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tempus-Ago Transportation, Inc. (Name of Motor Carrier) |
| |
| 3710 Landmark Drive, Suite 204, Columbia, SC 29204 (Address of Motor Carrier) |
| Amount of Premium: |
| Liability Insurance #4,950,00 |
| The above quoted premium is for a term of months. |
| Minimum Limits - Intrastate Only: |
| 1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000 |
| Mational Casualty Insurance Co. (Insurance Company Name) |
| |
| Post Office Box 4110, Scottsdale, AZ 85261 (Home Office Address of Company) |
| is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. |
| 6 bs/09 Day, OR |
| Date (Authorized Insurance Company Representative) Jel D. Leonard, President |



July 9, 2009

Tempust Ago Transportation 3710 Landmark Dr Ste 204A Columbia, S.C. 29204

RE: Quote

Carrier: Stratford Insurance Co.—Rated A+IX

8034698033

POB 2576 Sumter, SC 29151

| COVERAGE | DEDUCTIBLE | 5YMBOL | LIMIT | PREMIUM |
|------------------------------|------------|--------|-------------|----------------|
| Liability | | 7 | \$1,000,000 | \$3,014 |
| Uninsured Motorist | | 7 | \$1,000,000 | \$3,014 442 |
| Underinsured Motorist | | 7 | \$1,000,000 | 442 |
| Physical Damage: 2009 Fo | ord Taurus | | , ,,,,,,,,, | *** |
| Comprehensive | \$1,000 | 7 | \$25,000 | 351 |
| Collision | \$1,000 | 7 | \$25,000 | 571 |
| Total Premium | | | | \$4,820 |

Quote subject to the following: Limousines Exec. Limo Service

300 Mile Radius

Owner/drivers 30 65 yrs of age license 7+ yrs

No more that 2 minor moving and no at fault accidents

QUOTE ONLY!!! Application must be completed and signed and payment received prior to binding

Agent

1427 Pickens Street, Suite 201 ■ Columbia, SC 29201 ■ Phone: (803) 748.4545 ■ Toll free: (877) 797.4545 FAX: (803) 748.1012 www.resourcefinancialservices.com

Leonard & Associates, Inc.

Vocational and Rehabilitation Consultants

Joel D. Leonard Vocational Consultant Certified Vocational Evaluator Certified Rehabilitation Counselor

3710 Landmark Drive, Suite 204-A Columbia, SC 29204 803-787-1734 – v 803-787-1735 – f

FAX TRANSMISSION ALL CONFIDENTIALITY LAWS APPLY

TO:

Party #1

Janice S

896-5199

FROM:

Joel D. Leonard, M.Ed., CRC, CVE Leonard & Associates, Inc. 3710 Landmark Dr., Suite 204-A Columbia, SC 29204

2 with cover and invoice

7/10/09

Janice – please find the attached insurance quote – If you have any questions, please feel free to contact me at the above number – Thank you for your kind assistance – Joel Leonard



EXHIBIT FWA

| <u>Nam</u> | Tempus-Ago Transportation, Inc. | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <u>Addı</u> | s: 3710 Landmark Drive, Suite 204, Columbia, Sc 29204 | |
| <u>Tele</u> j | one No. (803) 787-1734 Fax No. (803) 787-1735 | |
| <u>U.S.1</u> | D.T. No. ICC No. | |
| 1. | Does Applicant have a Safety Rating from the U.S.D.O.T.? | |
| | Yes No Pending (Submit when received) (If "yes", indicate rating and provide copy) Satisfactory Conditional | |
| 2. | UnsatisfactoryHave any of Applicant's drivers or vehicles been places "out of service" by Transpor Police safety officers in the past twelve (12) months? | t |
| | YesNoX | |
| 3. | Are there currently any outstanding judgment (s) against Applicant? | |
| | YesNoX If "yes", indicate nature of judgment(s). | |
| 4. | s Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agreeperate in compliance with these statutes and regulations? | e to |
| | YesX No | |
| 5. | s the Applicant aware of the Commission's insurance requirements and the insurance remium costs associated therewith? | ÷ |
| | Yes No No No The attached Insurance Quote form must be completed, listing current insurance premiums. The discretion of the Commission, a copy of current insurance policies may be required. Do no rovide copy of insurance policies unless requested.) | At iot |
| | (Applicant's Signature) Joel D. Leonard, President | |
| At | Columbia, SC | |
| This | | |
| Commiss | (Notary Pythic) for Sc a Expires: 6/15/14 | |